

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 31-62

FILED SEP 5 1962

1. PLACE OF DEATH

a. COUNTY

Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Tuscumbia

Length of stay in lb

30 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Humphreys Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Arizona

b. COUNTY

Pima

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Tuscon

d. STREET
ADDRESS

(If outside, give location)

6722 N. LosArboles

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

GUS

Middle

JOE

Last

LARRABEE

4. DATE
OF
DEATH

Month

Day

Year

Aug. 30, 1962

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-27-90

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Ret. Supt. of Algor

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Penal System

11. BIRTHPLACE (City and state or country)

Macon, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John G. Larrabee

13b. MOTHER'S MAIDEN NAME

Anna Louisa Bentz

14. NAME OF HUSBAND OR WIFE

Allie E. Brown Larrabee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs. Dixie Winter

Address

Tuscon, Ariz

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis
ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

36 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/29/62 to 8/30/62 and last saw him alive on 8/30/62
Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert E. Merendino

22b. ADDRESS

Lake Garden, Mo

22c. DATE SIGNED

8/31/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8-31-62

23c. NAME OF CEMETERY OR CREMATORY

South Lawn

23d. LOCATION (City, town, or county)

Tuscon, Arizona

24. FUNERAL DIRECTOR

ADDRESS

Phillips Funeral Home - Eldon

25. DATE RECD. BY LOCAL REG.

8-31-1962

26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0660

2 8020

3

4 0

5 2

6

7 0

8 0

9 420.1

10

11

12 1-2

13 1-0

SEP 27 1962

MAR 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis W. Phillips

Licensed Embalmer No. 9663

P. O. Address Evadon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.